

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number

Agency Case Number

Page

01

of

Agency Name

G1. County

G2. Status Code

C P U

G3. Reported Date (MM/DD/YYYY)

G4. Reported Time (2400)

Arrival Time (2400)

10-24 Time (2400)

G6. Vehicles

G7. Killed

G8. Injured

G9. Address Number

G10. Street Name

G11. Hwy/County Road #

G12. Trafficflow Direction

N E
S W

G13. Int.

Y

N

G14. Distance

F

M

G15. Direction

N

E

S

W

G16. Intersecting Street Name

G17. Int. Hwy/County Road #

G18. City Name

G19. Latitude

G20. Longitude

N . W .

G21. First Harmful Event

Crash with OMV in road:

Rear end slow or stop

Rear end turn

Left turn same roadway

Left turn cross traffic

Right turn cross traffic

Head on

Sideswipe

Angle

Hit and run

Non-Crash in Road

Overturn

Jackknife

Fell from vehicle

Other

Crash of MV in road with:

Pedestrian

Parked Vehicle

Train

Bicyclist

Deer

Animal (other than deer)

Fixed Object

Bridge/Culvert

Embankment/Ditch/Curb

Guardrail/Median Barrier

Tree

Utility pole/light support

Other fixed object

Sign Post

Signal standard

Non-fixed Object

Building/Other Structure

Maint. Equip. - Not Moving

Maint. Equip. - Moving

Other non-fixed object

G22. Crash Location

Roadway

Off-Roadway

Median

Roadside

Shoulder

Parking Lot

Gore

G23. Intersection Type

None

Four-way Inter

T - Intersection

Crossover

Driveway

Five-point or more

Off Ramp

On Ramp

Path/Trail

RR Xing

Traffic Circle/Round

Y - Intersection

G24. Roadway System

City Street

State Highway

U.S. Highway

County Road

Parking Lot/Private Drive

Interstate

Off Road

State Park

G25. Light Condition

Daylight

Dark-Lit

Dark-Unlit

Dawn

Dusk

G26. Road Condition

Dry

Wet

Water

Sand/Mud/Dirt/Oil/Gravel

Ice

Slush

Snow

G27. Weather Condition (2)

Clear

Blown Debris

Rain

Fog/Smog/Smoke

Cloudy

Sleet/Hail

High winds

Snow

G28. Workzone Relationship

Not Workzone Related

Within Construction Zone

Advance Warning Area

G29. Workzone Type (2)

None

Intermittent or Moving Work

Lane Closure

Lane Shift/Crossover

Shoulder/Median Work

Utility

WITNESS(ES)

G30. First Name

M

Last Name

G38. First Name

M

Last Name

G31. Address

G32. Phone Number

G39. Address

G40. Phone Number

G33. City

G34. State

G35. Zip Code

G41. City

G42. State

G43. Zip Code

G36. Sex M F

G37. Age

G44. Sex M F

G45. Age

G46. Badge Number

G47. Investigating Officer Name (Please Print)

G48. Officer Signature

G49. Reviewing Badge Number

G50. Reviewing Officer Initials

G51. Photos Taken

Y N

G52. Photographer and Badge #

4479140593

N1. Collision Diagram



N2. Collision Narrative

MUCR
Additional Occupants

Agency Number

Agency Case Number

Page of

Occupant

00. Vehicle # <input type="text"/>	01. First Name <input type="text"/>	M <input type="text"/>	Last Name <input type="text"/>	06. Position <input type="radio"/> Front-Driver <input type="radio"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left <input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> Unencl. Pass./Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vhcl./Trailer	07. Safety Equip. (2) <input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet
02. Address Same as Person # <input type="text"/>	03. Address <input type="text"/>			08. Sex <input type="radio"/> M <input type="radio"/> F	09. Race <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other
04. City <input type="text"/>	05. State <input type="text"/>	Unborn Child <input type="checkbox"/>		010. Age <input type="text"/>	011. Extricated <input type="radio"/> M <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y
015. Xport <input type="radio"/> Not Transported <input type="radio"/> EMS		<input type="radio"/> Police <input type="radio"/> Private Vehicle		012. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	013. Injury Type <input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Serious <input type="radio"/> Life Threatening <input type="radio"/> Killed
016. EMS Agency Code <input type="text"/>		017. Medical Facility Code <input type="text"/>			

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